



NAVAJO COUNTY PUBLIC HEALTH DISTRICT



PERMIT APPLICATION / RENEWAL TO OPERATE AN ESTABLISHMENT

MAIN OFFICE
117 EAST BUFFALO
HOLBROOK, AZ 86025
928.524.4750

SHOW LOW OFFICE
251 N PENROD RD, #1
SHOW LOW, AZ 85901
928.532.6050

PLEASE PRINT CLEARLY OR TYPE INFORMATION

TYPE OF ESTABLISHMENT (check "✓" all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Bar/Lounge | <input type="checkbox"/> Pool/Spa |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Mobile | <input type="checkbox"/> Hotel/Motel |
| <input type="checkbox"/> Campground/RV/Trailer Park | <input type="checkbox"/> Plan Review | |
| <input type="checkbox"/> Potable Water Hauler | <input type="checkbox"/> Waste Water Hauler | <input type="checkbox"/> Not for Profit – To claim Tax Exempt Status, provide your Exemption # _____ |

ESTABLISHMENT INFORMATION

ESTABLISHMENT'S NAME: _____

PHYSICAL ADDRESS: _____ **AZ** _____
(NUMBER and STREET) (CITY) (ZIP CODE)

(PHONE NUMBER) (FAX NUMBER)

MAILING ADDRESS: _____ **AZ** _____
(NUMBER and STREET or PO BOX) (CITY) (ZIP CODE)

OWNER / CORPORATION INFORMATION - FOR BILLING PURPOSES

OWNER or CORPORATION NAME: _____

OWNER OR CORPORATION MAILING ADDRESS:

(NUMBER and STREET or PO BOX) (CITY) (STATE) (ZIP CODE)

(PHONE NUMBER) (FAX NUMBER)

OWNER OR CORPORATION CONTACT EMAIL: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

**** TURN OVER TO COMPLETE APPLICATION ****

CHECK (✓) ALL THAT APPLY

✓	FEE NAME	FEE CODE	PERMIT FEE
	Restaurant, 1-30 seats	EH-1	\$200.00
	Restaurant, 31+ seats	EH-2	\$300.00
	Food Service, Temporary (1-5 days)	EH-3	\$ 50.00
	Food Service, Temporary (6+ days)	EH-4	\$ 75.00
	Caterer/Commissary	EH-5	\$300.00
	Daycare (Sanitation)	EH-6	\$ 50.00
	Food Warehouse	EH-7	\$100.00
	Mobile Food Vendor	EH-8	\$200.00
	Bar/Lounge	EH-9	\$150.00
	Bar/Lounge in a Restaurant	EH-10	\$150.00
	Swimming Pool / Spa	EH-11	\$100.00
	Potable Water Hauler	EH-12	\$100.00
	Continental Breakfast	EH-13	\$ 50.00
	Retail Food	EH-14	\$150.00
	Meat Establishment	EH-15	\$100.00
	Bakery	EH-16	\$150.00
	Delicatessen	EH-17	\$150.00
	Hotel/Motel, 1-30 rooms (Simple)	EH-18	\$175.00
	Hotel/Motel, 31+ rooms (Complex)	EH-19	\$300.00
	Campground/RV/Trailer Park	EH-20	\$175.00
	Waste Water Hauler	EH-21	\$100.00
	Limited Retail	EH-22	\$ 50.00
	Notice of Violation w/One Inspection	EH-23	\$100.00
	Re-Inspection Fee (per inspection)	EH-24	\$100.00
	Late Notice Issuance Fee	EH-25	\$ 50.00
	Plan Review – Fixed Establishment, 1-30 seats	EH-26	\$150.00
	Plan Review – Fixed Establishment, 31-100 seats	EH-27	\$175.00
	Plan Review – Fixed Establishment, 101+ seats	EH-28	\$200.00
	Plan Review – Fixed Establishment Remodel	EH-29	\$150.00
	Plan Review – Mobile Food Service	EH-30	\$150.00
	Plan Review – Retail Food, 1 - 2,000 sq.ft.	EH-31	\$150.00
	Plan Review – Retail Food, 2,001+ sq.ft.	EH-32	\$175.00
	Additional Plan Check Reviews	EH-33	\$ 50.00

Dear Applicant:

Your application has been evaluated with the following code(s): _____

The fee total of \$ _____ is due immediately. If not paid within 30 calendar days, a late fee may be assessed. **We do NOT accept charge/debit cards.** Please mail this form along with your check and/or money order payable to the Navajo County Public Health Services District to:

NAVAJO COUNTY HEALTH DEPARTMENT
ATTN: ESTABLISHMENT PERMITS
117 EAST BUFFALO STREET
HOLBROOK, AZ 86025

After we receive and process your application and payment, your permit will be issued. If you do not receive your permit within 14 calendar days, please contact the Navajo County office at (928) 524-4750.

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DEPARTMENT USE ONLYDate Application Processed: _____ Type of Payment Rec'd: ☐ Check # _____ ☐ Cash☐ Money Order # _____

Date Permit Issued: _____ Permit #: _____ Approved by: _____